
Table of Contents

Preface	xv
INTRODUCTION: Managing Care and the Implications for Healthcare Communication	xvii
PART I: HEALTHCARE COMMUNICATIONS: FOUNDATIONS FOR UNDERSTANDING COMMUNICATIONS IN HEALTHCARE SETTINGS	1
Chapter 1: Health Communications and Quality Care	3
Quality Care	4
Operational Definitions of Quality Care	5
Conclusion	22
Chapter 2: Principles of Human Communication	23
Sensory Awareness and Sensory Receptivity	23
Processing Stimuli and the Brain	26
Interpersonal Foundations for Human Communication	37
Conclusion	46
Chapter 3: The Nature of Therapeutic Communications	49
Therapeutic Communication Defined	49
Therapeutic Interviewing Skills	58
Avoiding the Traps of Dysfunctional Communication	63
Conclusion	65
Chapter 4: Cultural Similarities and Differences and Communication	67
Disparities in Health Care and the Role of Provider–Patient Communications	68
Culture and the Influence of Culture on Communication	69

Definitions of Minority and Majority 71
 Cultural Competence—A Developmental Process 72
 Understanding Your Own Cultural Programming 77
 Conclusion 80

**PART II: PROFESSIONAL SKILLS IN MANAGING CARE:
 CRITICAL COMPETENCIES IN THERAPEUTIC
 COMMUNICATIONS 83**

Chapter 5: The Pervasive Role of Confirmation and Empathy 87
 Definitions of Empathy and Empathic Response 88
 The Therapeutic Value of Empathy 95
 The Empathic Process—Steps to Arriving at Empathy
 and the Capacity for Empathy 98
 Barriers to Empathy in the Provider–Patient
 Relationship 100
 Conclusion 103

**Chapter 6: Communications That Contribute to Trust and
 Mistrust of the Providers 105**
 Definitions of Trust and Trust-Based Relationship 106
 The Process of Establishing Trust 109
 Trust and Confirmation: An Important Connection 115
 Conclusion 118

Chapter 7: The Art and Skillful Use of Questions 121
 Therapeutic Use of Questions 121
 Nontherapeutic Use of Questions 123
 Types of Question Formats 128
 Choice of Question Format and Response Burden 132
 Conclusion 133

Chapter 8: Therapeutic Use of Silence and Pauses 135
 Definitions of Silence 136
 In the Absence of Silence 137
 Therapeutic Purposes of Silence in the Provider–Patient
 Relationship 140
 Analysis of Silence in Patients’ Responses 142
 Negative Effects of Using Silence 144
 Conclusion 146

Chapter 9: The Impact and Limitations of Self-Disclosure 149
 Definitions of Self-Disclosure 150
 The Therapeutic Effects of Self-Disclosure 152
 Types of Nontherapeutic Self-Disclosure 155
 Criteria to Judge the Benefits of Self-Disclosure 157
 Deflecting Requests for Self-Disclosure 158
 Conclusion 161

Chapter 10: The Proper Placement of Advisement	163
Definitions of Advisement	164
The Misuse of Advisement and Opinion-Giving	166
Principles Behind the Therapeutic Use of Advisement ...	168
Conclusion	172
Chapter 11: Reflections and Interpretations	173
Definitions of Reflection	174
Therapeutic Uses of Reflection	175
Kinds of Reflections	177
Reflections and Interpretations	179
Guidelines in the Use of Reflection	182
Interpretations Used in Social and Therapeutic Contexts	184
Guidelines for the Therapeutic Use of Interpretations ...	186
Conclusion	187
Chapter 12: The Judicious Use of Confrontations, Orders, and Commands	189
Confrontations: Definitions, Levels, and Types	190
Orders and Commands as Explicit Directives	196
Conclusion	200
PART III: COMMUNICATIONS TO ENSURE COMPREHENSIVE AND CONTINUOUS PATIENT-CENTERED CARE UNDER CHALLENGING CIRCUMSTANCES	203
Chapter 13: Communicating with Patients with Low Literacy	205
The Problem of Literacy in the United States	206
Functional Health Literacy	206
Barriers to Health Literacy	208
Communication Interventions to Improve Health Literacy	214
Assessing Health Literacy	214
Documenting Health Literacy Problems	217
Practical Approaches to Improve Literacy and Enhance Communications	217
Improving Health Literacy with Patients with Chronic Disease	219
Importance of Using “Plain Language”	220
Conclusion	224
Chapter 14: Communicating with Patients with Chronic and/or Life-Threatening Illness	229
The Process of Dealing with Illness and Injury	230
Provider Responses to the Chronic and Terminally Ill. ...	237
Conclusion	246

Chapter 15: Communicating with Patients in Crisis 247
 Definitions of Crisis 248
 Stress Theories and Understanding Crisis 250
 Types of Crisis 256
 Managing Crisis Behaviors 257
 Conclusion 263

**Chapter 16: Communicating Effectively with Patients
 Displaying Significant Negative or Resistive
 Coping Responses 265**
 Difficult Patients, Tasks, and Care Contexts 266
 Monitoring and Mastering Reactions to Difficult
 Patient Behaviors 282
 Conclusion 292

**PART IV: BEYOND PATIENT-PROVIDER ENCOUNTERS:
 MANAGING COMMUNICATIONS WITHIN AND ACROSS
 RELEVANT CONSTITUENCIES 295**

**Chapter 17: Communications Within and Across Healthcare
 Provider Groups 297**
 The Interprofessional Nature of Our Work 297
 The Pervasive Nature of Groups 298
 Identifying Group Communication Problems 301
 Improving Communication in Healthcare
 Work Groups 306
 Intergroup Problems 312
 Conclusion 315

**Chapter 18: Conflict in the Healthcare System: Understanding
 Communications and Resolving Dispute 317**
 Conflicts and Communication 318
 The Process of Resolution 324
 Conclusion 333

**Chapter 19: Family Dynamics and Communications with
 Patients' Significant Others 335**
 The Family—A Major Dynamic Constituency 336
 Families, Illness, and Providers 341
 Conclusion 351

PART V: ETHICS AND COMMUNICATIONS IN HEALTH CARE . . . 353

**Chapter 20: The Privileged Nature of Patient and Provider
 Communications: The Issue of Patients' Rights 355**
 Issues of Provider-Patient Privilege 356

The Legal Status of the Patient–Provider Relationship . . .	363
The Problems with Informed Consent and Informed Choice	366
Conclusion	367
Chapter 21: The Privileged Nature of Patient and Provider Communications: Issues of Confidentiality, Anonymity, and Privacy	369
The Sacrosanctity of Provider–Patient Communications	370
Common Dilemmas and Alternative Responses	374
Conclusion	374
PART VI: TRANSFORMING THE ROLE OF COMMUNICATIONS IN HEALTH CARE	377
Chapter 22: Health Communications to Enhance Behavioral Change	379
Theoretical Frameworks and Models of Behavior Change	380
Social Learning and Social Cognitive Theory	382
Theory of Reasoned Action and Theory of Planned Behavior	384
The Health Belief Model	386
Transtheoretical Model of Change	387
Behavioral or Social Ecological Model	389
Conclusion	391
Chapter 23: Internet Use and Communications of Patients and Providers	395
Uses of the Internet for Health-Related Information and Support	396
Healthcare Information Sought by Internet Users	399
Effects of the Internet on Patient–Provider Relationships	401
Conclusion	405
Chapter 24: Altering Systems of Care to Enhance Healthcare Communications	407
Overview: Systems of Care	408
System Characteristics to Enhance Patient–Provider and Provider–Provider Communications	409
Coordination of Care	409
Continuity of Care	411
Comprehensiveness	412
Accessibility	413

Studies of System Changes and Their Potential
 Outcomes 414
 Conclusion 416

Appendix A—Glossary 423

Appendix B—References 439

Index 463